

### Report of Actual/Planned Other Employment and Compensation

### 1. Current State Employment Information:

Name: \_\_\_\_\_

Civil Service Job Title: \_\_\_\_\_

Normal Working Hours: \_\_\_\_\_

Normal Days Off: \_\_\_\_\_

2. Is the below information on current other employment or on planned other employment? \_\_\_\_\_

### 3. Other Employment Information:

Date of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Address (street and town): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

What Days Per Week: \_\_\_\_\_

How are you paid (circle one): Hourly    Daily    Weekly    Bi-Weekly    Monthly

### Work Per Unit

Type of payment received (circle one): Cash   Check   Stocks

Are you required to drive or travel? \_\_\_\_\_

Explain: \_\_\_\_\_

I certify the above to be correct to the best of my knowledge and ability.

Employee Signature

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Date \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

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Signature of Approving Official

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Date \_\_\_\_\_